AMENDMENT TRANSMITTAL LETTER					Docket No. 124617.0155
Application No. 10/779,804		Filing Date February 18, 2004		Examiner	Art Uni
				K. A. Sander	
	Y CONDUCTIV CELL BIPOLAF		LASTIC COM	IPOSITES FOR RA	PID PRODUCTION
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ansmitted here ne fee has beer					
	- ouroundtou urr		S AS AMENI		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	24	- 20 =	4	x 50.00	200.00
ndependent Claims	2	- 3 =	0	x 200.00	0.00
Multiple Depend	lent Claims (ch	eck if applicabl	e)		
Other fee (pleas	e specify): 7	for small entity	y		100.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					100 00
Large Entity				x Small Entity	
x No additiona	al fee is require	d for this amer	ndment.		
	ge Deposit Acc			the amount of \$	
	copy of this she				
				the filing fee is encl	osed.
_			is aπached.		
Payment by					00.0105
Payment by X The Director	is hereby auth	orized to char		Deposit Account N	23-2185
× The Director	r is hereby auth d below. A dup	orized to char licate copy of			23-2185
Payment by X The Director as described X Credit a	r is hereby auth d below. A dup ny overpaymer	norized to char elicate copy of nt.	this sheet is e	enclosed.	
Payment by X The Director as described X Credit a	r is hereby auth d below. A dup ny overpaymer	norized to char elicate copy of nt.	this sheet is e	enclosed.	
Payment by The Director as described x Credit a x Charge	r is hereby auth d below. A dup ny overpaymer any additional fil	norized to char elicate copy of nt.	this sheet is e	enclosed. fees required under 3	o. 23-2185 7 CFR 1.16 and 1.17 eptember 27, 2007
Payment by X The Director as described X Credit a	r is hereby auth d below. A dup ny overpaymer any additional fil	norized to char dicate copy of at.	this sheet is e	enclosed. fees required under 3	7 CFR 1.16 and 1.17